Vol. 6 April 2001

MAINE PRIME CARE UPDATE

Emergency Room Usage Project

The Bureau of Medical Services-Quality Improvement Division began a study of emergency room utilization patterns. Through a review of Maine Medicaid paid claims data it was noted that Pharyngitis, Otitis Media, Cough and Common Colds were the top 5 diagnostic reasons for emergency room visits.

In 1999, the Quality Improvement Division developed educational information that was distributed to Maine Medicaid beneficiaries, which outline best practices regarding the treatment of common cold, ear ache, sore throat and cough symptoms. With this information the Maine PrimeCare patient handbook included appropriate emergency room use in its' revision. In addition, Medicaid beneficiaries were surveyed by phone and mail to determine the beneficiary's preferred treatment sites It was noted through survey that 47.27% of the beneficiaries would use the emergency room when their child was crying, pulling at ears and fussy. The Quality Improvement Division preformed 500 medical record reviews in calendar year 2000, which validated the information obtained from Medicaid claims data. Claims data indicated average cost of emergency room use for Maine PrimeCare beneficiaries with a diagnosis of Otitis Media was $148.22 per visit, while the average cost for Fee for Service beneficiaries was $254.16 per visit. An average cost of a physician office visit for a Maine PrimeCare beneficiary with this diagnosis was $19.85. The Maine PrimeCare beneficiaries were noted to use the emergency room at a significantly lower rate than the Fee for Service beneficiaries. The Quality Improvement Division determined this phenomena is due in part to Maine PrimeCare beneficiaries having an assigned Primary Care provider who performs case management services unlike the Fee for Service beneficiaries, who seek care anywhere it is available in an inconsistent manner. The Maine PrimeCare providers are required to provide coverage twenty-four hours a day, seven days a week to Maine PrimeCare beneficiaries assigned to the provider.

In 2000, the Quality Improvement Division developed a program, which reviews emergency room utilization by Maine Medicaid beneficiaries in quarterly intervals. Beneficiaries with 2 or more visits to an emergency room for earache, sore throat, cough and common cold symptoms are mailed educational materials. In addition the Quality Improvement Division, in conjunction with the Health Benefits Advisor (HBA) will continue to track the individual beneficiaries' emergency room utilization patterns over several quarters. Staff will provide continuing education for those beneficiaries who are identified as repeat emergency room users. In situations where beneficiaries appear to abuse emergency room services, despite educational intervention, referrals to the Surveillance and Utilization Review Unit (SURS) will be made for program restrictions.

In the last six months of calendar year 2000, the Quality Improvement Division has found 509 Maine Medicaid beneficiaries that have used the emergency room for one of the four diagnoses. All of these recipients received educational materials and a letter recommending use of a primary care provider and offering assistance if needed. Tracking over two quarters reflected that 14 beneficiaries who appeared in the first quarter were seen again in the emergency room

continued on page 2

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Emergency Room, continued from page 1

in the second quarter. The 14 beneficiaries were sent additional educational materials and a followup letter. The Quality Improvement Division will continue to follow up with the fourteen beneficiaries to determine if further educational services will be needed.

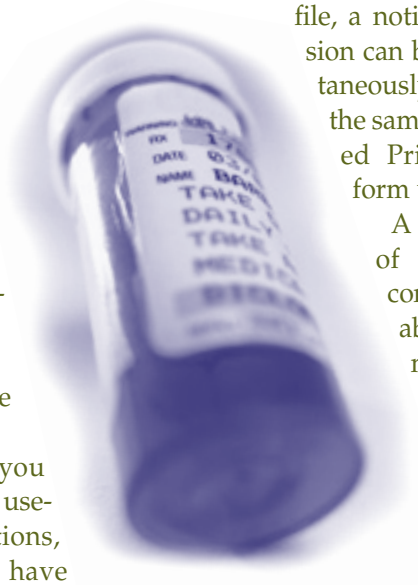
The Maine PrimeCare Program has self-addressed postage paid envelopes available to providers. Providers who would like assistance in educating recipients on emergency room usage and other educational needs can fill out these postage cards. When the Maine PrimeCare program receives these cards, educational materials and/or a follow up card are provided to recipients and documented in a database system.

The Maine PrimeCare Program also reviews emergency room usage through provider availability and access. The Health Care Financing Administration requires all Primary Care programs to review access and availability. Each quarter the Maine PrimeCare staff randomly select enrolled providers and call weekends, evenings, holiday's and during working hours to ensure twenty-four hour coverage, seven days a week.

The Quality Improvement Division would like to assist Primary Care Providers in educating recipient's emergency room usage. If a provider has a beneficiary who they would like to receive supportive education, The Maine PrimeCare program has self-address, postage-paid cards that are available. These cards will be followed up on when filled out by the provider and mailed to the Bureau. If you need or wish to have some of the cards, please feel free to contact the Quality Improvement Division at 287-4827.

Pharmacy Programs

We thank you for being so patient and professional in your responses to the effort of the Pharmacy Prior Authorization Program. Despite the additional effort required on your part, nearly all of you have recognized the value this program represents to the State.



Many of you have provided useful suggestions, which either have been or will be implemented shortly. The PA forms have been revised and mailed to prescribers. The phase in schedule of this program is now complete. Implementing this program has sped up the PA review time considerably. If the pharmacy has a secure fax number on file, a notification of a decision can be obtained simultaneously, often times on the same day the completed Prior Authorization form was received.

A three day supply of medication will continue to be available from the pharmacy to ensure the health and safety of the Medicaid recipient during the Prior Authorization process.

Thank you for your continued support of this program.

All PA requests should now be faxed to 1-888-879-6938.

A Few Miscellaneous Reminders:

- Some medications on the daily limits per day list allow for unrestricted daily quantities, for example, Actos 15mg, all strengths of Adalat CC, and Mevacor 10mg. It is more cost effective for the Program to use multiple quantities of these medications rather than higher dose formulations.
- A computer generated prescription that includes diagnosis is acceptable. It is suggested to hand sign any controlled drug prescriptions next to your computer signature. All narcotics scripts should be hand signed.
- For prescribers in institutional settings, please use your personal DEA number when possible. If that is not an option for your circumstances, please include your suffix with the institution DEA number.
- All bowel cleansers for procedures are covered as part of the procedure. The patient should **not** obtain that at the pharmacy. The provider of this service may make arrangements to purchase this from a pharmacy.

Maine PrimeCare Update

The Bureau of Medical Services is pleased to announce that the Maine PrimeCare Program has completed Statewide enrollment and is now operational in all 16 counties of the State. Medicaid beneficiaries required to enroll in the program are beneficiaries who do not have private comprehensive health insurance and who receive Temporary Aid for Needy Families (TANF), TANF related benefits, foster care children who also receive TANF, and Cub Care beneficiaries.

The Maine PrimeCare Program has approximately 91,000 enrollees, roughly half of the Maine Medicaid and Cub Care population in the State of Maine, with approximately 1220 Primary Care Providers participating in 424 sites. The primary goals of the program are:

- to establish a medical home for each beneficiary,
- to increase access to primary care and the use of preventive health services,
- to reduce emergency room use,
- to reduce admissions for avoidable hospital conditions.

The Maine PrimeCare Program offers beneficiaries a choice of a Primary Care Provider/Site (PCP/S) who offers primary care services and manages the health care needs of their patients. Services provided to the beneficiary enrolled in Maine PrimeCare are Fee For Service reimbursable for any direct services provided and the PCP/S receives a monthly management fee for each beneficiary on his/her patient panel. In addition, our experience to date has shown that Maine PrimeCare PCP/S fare better in the Primary Care Physician Incentive Program (PC-PIP).

Medicaid Managed Care Services that require Maine PrimeCare PCP/S authorization via a Maine PrimeCare referral:

Ambulatory Surgical Services
Ambulatory Care Clinic Services
Care from a Specialist
Certified Family & Pediatric Nurse Practitioner Services
Chiropractic Care
Developmental & Behavioral Evaluation Services
Early & Periodic Screening, Diagnosis, and Treatment Services (EPSDT)
EPSDT Optional Treatment Services
Eye Care (annual exam may be self-referred)
Federally Qualified Health Center Services
Home Health Services
Hospital (inpatient and outpatient)
Lab and X-Ray Services
Medical Supplies and Equipment
Physician Services
Physical Therapy, Speech Therapy, Occupational Therapy, Audiology, & Hearing Services
Podiatric Care Services
Rural Health Clinic Services

PCP/S 9-digit Maine PrimeCare Authorization # must be in Block 17A/HCFA1500~Block 11/UB92.
Send claims to: Medicaid , M-500 , Augusta, ME 04330
Prior Authorization is still required for certain Medicaid services at 800-321-5557 ext. 72033

Services not managed by Maine PrimeCare PCP/S and not requiring a Maine PrimeCare referral from the PCP/S

(These services remain under regular Medicaid):

Ambulance Services
Annual Eye exam
Community Support Services
Consumer Directed Attendant Services
Dental Services
Day Habilitation for Persons with Mental Retardation
Day Health Services
Day Treatment Services
Early Intervention Services
Eyeglasses
Emergency Room Services
Family Planning Services, includes yearly family planning exam, birth control, screening & treatment for STDS, & pregnancy tests
All Medicaid Waiver Services
Mental Health and Substance Abuse
Nurse Midwife Services
Nursing Facility Services
Prescriptions
Private Duty Nursing & Personal Care Services
Private Non-Medical Institution Services
Psychological Services
School Based Health Clinic & Rehabilitative Services
Targeted Case Management Services
Transportation Services

If you have any questions about Medicaid policy or billing, please contact your Provider Relations Representative at (800) 321-5557. If you have any questions about the Maine PrimeCare enrollment process, or you would like to become a Maine PrimeCare PCP/S, please call HealthWorks at 1-800-977-6740. Thank you in advance for working with us to make the Maine PrimeCare Program a success and for your commitment in providing quality care for Maine's Medicaid beneficiaries.

Blood Lead Screening

Medicaid Lead Testing rates among FP/GPs and Pediatricians, 10/01/99–9/30/00.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	Noah Nesin	25	64.0%
2	Laurie Churchill	19	63.2%
3	Deborah A. Learson	12	58.3%
4	Eugene P. Paluso	16	50.0%
5	Jean Benson	10	50.0%
6	Paul J. Davis	19	47.4%
7	Daniel E. Fowler	15	46.7%
8	Gust S. Stringos	15	46.7%
9	H. H. Atkins II	15	46.7%
10	Scott D. Schiff-Slater	11	45.5%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	Noah Nesin	14	42.9%
2	Merrill R. Farrand, Jr.	11	36.4%
3	Donald Brushett	33	36.4%
4	William Chernin	12	33.3%
5	H. H. Atkins II	12	33.3%
6	Kamlesh N. Bajpai	10	30.0%
7	Armand Auger	11	27.3%
8	Barbara A. Vereault	11	27.3%
9	A. Dorney	19	26.3%
10	Paul J. Davis	13	23.1%
10	Gust S. Stringos	12	23.1%

Rank	Pediatrics	Age One	% with 1+ Test
1	Ann P. Simmons	24	79.2%
2	William T. Whitney	30	76.7%
3	Jeffery Stone	63	68.3%
4	Gautam S.S. Popli	46	65.2%
5	Iris Silverstein	54	64.8%
6	Wenda L. Saunders	31	64.5%
7	Micheal P. Hofmann	70	62.9%
8	Lila H. Monahan	86	61.6%
9	C. E. Danielson	75	60.0%
10	Lori Eckerstorfer	22	59.1%
10	Valarie M. O'Hara	22	59.1%

Rank	Pediatrics	Age Two	% with 1+ Test
1	Ann P. Simmons	27	55.6%
2	Lila H. Monahan	50	50.0%
3	Iris Silverstein	32	50.0%
4	George Payne	12	50.0%
5	William T. Whitney	41	48.8%
6	Gautam S.S. Popli	23	47.8%
7	Lori Eckerstorfer	23	43.5%
8	John Hickey	56	41.1%
9	Kathleen Hickey	44	40.9%
10	C. E. Danielson	67	37.3%

Report from the Case Mix/ Classification Review Unit

The Case Mix/Classification Review Unit is responsible for the ongoing monitoring of the combined Medicaid/Medicare Reimbursement and Quality Assurance System throughout the state of Maine. The Health Care Financing Ad-ministration (HCFA) mandates the use of a standardized, universal assessment tool (Minimum Data Set 2.0) for all long-term care Nursing Facility residents. The MDS is the basis for Case Mix payment and Quality Indicators in Nursing Facilities.

Case Mix Training for nursing facilities was held January 16 & 17, 2001 on a new version (5.12) of the Resource Utilization Grouper III. The RUG III grouper version 5.12 has been implemented for Medicaid residents. This grouper is the same grouper used by Medicare for Prospective Payment System (PPS).

The Case Mix Unit is also responsible for the ongoing development, implementation and education of a case mix system for Level II Cost Reimbursed Assisted Living Facilities. (The goal is for Case Mix payment to be implemented in July of 2001.)

Statewide Case Mix Assisted Living Facilities training has been planned for May 2001. The facilities continue to assess residents using the MDS/Resident Care Assessment (RCA) form. This form will be the basis for the case mix payment and Quality Indicators in Assisted Living Facilities.

Registered Nurses visit all Nursing Facilities and Level II Assisted Living Facilities to review the accuracy of the assessment data.

Prior Authorization Update

Prior Authorization Unit, Bureau of Medical Services, is responsible for approving, deferring or denying requests for out of state medical treatments, in state medical services, dental treatment and durable medical equipment. To do this, the department has a staff of nine people.

To obtain prior authorization for any covered service, the client must have a prescription from a physician, either an MD, or a DO, for medical equipment, which they then bring to either a pharmacy, or a medical equipment dealer. In many cases, either of these two providers of equipment know whether or not the particular piece of equipment is a covered service under Medicaid, and will then either give out the equipment, or order it. They will then send in the request, and if approved, will receive a letter authorizing the equipment.

In the case of Medical services, the Physician, either MD or DO, will request a prior authorization for treatment if he is sending the client out of state. He will also have to request prior authorization for instate if the surgery is of a cosmetic nature, i.e. rhinoplasty, gastric by-pass, etc. The request should state when the client is going out of state, where they are going, and why it cannot be done in state. The request should be sent in at least 30 days in advance of the appointment, and should indicate how long it is required for (appointment is scheduled for inpatient surgery at Boston Children's Hospital 3/15/01 with pre-operative evaluation 3/14/01, and follow-up within 3 weeks. Surgery is for Cochlear Implants, which is not done in the State of Maine.) If the appointment is scheduled with-in 30 days, please fax it to the Prior Authorization Unit, (207-287-7643), and on the cover sheet make a notation that this is urgent and when the appointment is.

Report on Adult Immunization In Nursing Facilities

As has been reported in the last three Newsletters, the Quality Improvement Division is continually working to review and to help improve the Pneumonia and Influenza vaccine rates in nursing facilities. The Quality Improvement Division will continue to implement this important program through 2001.

In August of 2001, the Quality Improvement Division mailed the roster lists to the nursing facilities. Due to the shortage of influenza vaccine this year, many nursing facilities have requested extensions on reporting immunizations. The Quality Improvement Division believes this shortage of influenza vaccine may cause a decline in the number of immunized beneficiaries this year.

The Quality Improvement Division has determined that since the beginning of the project Maine Medicaid has increase the rate of Pneumonia vaccine in nursing facilities 41%. The influenza nursing facility rate in Maine is at 83% in flu season 2000. To date the Quality Improvement Division has estimated savings at $145,593.06. These savings are a result of the decline in payments made to cover the costs of pneumonia and influenza illness in previous years.

The most important reason for continuing with the program was brought home in the spring of 2000. One nursing facility reported an outbreak of pneumonia. As a result of this outbreak one resident who was not immunized with the pneumonia vaccine died. Two other residents who had been immunized within a ten year period of time experienced symptoms but survived.

The Quality Improvement Division will continue to monitor the immunization status of residents within the nursing facilities. Over the next several years the Quality Improvement Division plans to expand to include the residential care facilities within the project. In addition, the Quality Improvement Division would like to add this information into the IMMPACT system when the system is rolled out Statewide. This will allow all providers to check on the immunization status of their patients.

The Quality Improvement Division will also provide education to provider groups through use of the newsletter (which is mailed to nursing facilities per their request), and through the Maine Primary Care Providers Symposium in May of 2001.

The Quality Improvement Division would like to commend the following facilities for their high performance in immunizing for Pneumonia and Influenza.

Top Nursing Facility Vaccine Providers

The Bureau of Medical Services Department of Human Services Quality Improvement Division would like to commend the following nursing facilities for immunizing their recipients against Influenza and Pneumonia for the Pneumonia and Influenza season of 2000 to 2001.

Top Pneumonia Vaccine Providers

Facility Name	Percent of Medicaid Recipients Immunized
Maine Veterans Nursing Home, Scarborough	100%
Calais Regional SNF	100%
Country Manor	97%
Cummings Health Care Facility	97%
Forest Hill Manor	96%
Island Nursing Home	95%
Courtland Living Center	94%
Atlantic Rehabilitation and Nursing	94%
Barron Center	93%
Coastal Manor	92%
Hawthorne House	92%

Top Influenza Vaccine Providers

Facility Name	Percent of Medicaid Recipients Immunized
Maine Veterans Nursing Home, Scarborough	100%
Courtland Living Center	100%
Caribou Nursing Home	100%
Gorham House	98%
Cummings Health Care Facility	97%
Amenity Manor	96%
Coastal Manor	94%
Freeport Nursing Home	93%
Barron Center	93%
Forest Hill Manor	91%

Feedback on Bright Futures

As most of you know, the Bright Futures health assessment forms are used by health care providers to document services provided when a comprehensive EPSDT periodic exam is provided using the Bright Futures standard of care. Health care providers who have signed an agreement with the Department as a preventive health provider receive a higher reimbursement rate in return for providing a more comprehensive visit documented through the use of the Bright Futures forms. Feedback based on an analysis of the completion rates of the forms and a discussion with providers who participate in the Maine PrimeCare physician advisory committee indicate that overall, there appears to be a perception that the forms need to be simplified and contain less information of a sensitive nature. One solution is to create a group of required questions essential to quality care, but not of a sensitive nature, that are submitted to the Department, while the remainder of the form is optional and remains in the patient's medical record.

Based on a completion analysis, there appears to be some apprehension by the healthcare provider to filling out certain sections of the forms. Completion rates are more similar than different across various categories of care, and areas of the state. This suggests that the form fields with low completion rates, and certain age groups, lay more with the form itself. This may be due to a reluctance to fill in highly confidential information or simply because the particular question is not applicable in every situation.

The main source of feedback came from the comments of the Maine PrimeCare physician advisory committee. The overall feeling is that the forms are too long and complex. It has been recommended that the forms need to have a box marked "not applicable", or a box to check when a section is covered even when nothing in that section has been checked. Privacy is also an issue. Adolescent forms are seen as too invasive, not only because the questions are highly personal, but the information is then submitted to the state. For sensitive issues it is felt that it should be sufficient to have a check box that indicates that the subject was discussed instead of one that gives the client's answer. One suggestion is that part of the form could be kept confidential, and only part submitted to the state or school (in the case of a sports physical). Another concern is that the form doesn't reflect what takes place in the examining room. Visits are specific to the patient and not all areas are pertinent for every patient depending on the circumstances of the family. Also, as more providers adopt the forms for use internally, it often becomes confusing using the states forms for some clients and internal forms for others. Many health care providers would prefer to use one form for all patients in their practice.

We would like to hear from you as well. Let us know if you agree with these comments or if you have any suggestions.

Helpful Hints in Completing Bright Futures Forms

The Quality Improvement Division has been reviewing Bright Futures Forms to determine what are the most frequent reasons why forms are returned or not entered into the Immpact system. The most common reason for returning forms is either missing or incorrect physician identifiers. Some of the provider offices have been writing in their Maine PrimeCare number. This is not the correct identifier. The physician identifier needs to be the Maine Medicaid Physician identifier. It is not necessary to write out the physician's name as long as the unique physician identifier is present. If the provider ID is not available and the signature is not legible, then the provider will not receive credit for completion of the Bright Futures forms.

Other common reasons include the lack of physician signature on the form. This signature is important because it validates the preventative visit. Dates of the visit, and recipient identifiers are also frequently missing from the forms. The QI Division must have the recipient's Medicaid ID in order to process the form. The recipient's name does not need to appear on the form if the Medicaid ID is present. In situations where the Medicaid identifier is pending, the provider needs to provide the recipient's full name, (including middle initial). Many times, there are recipients in the Medicaid system with the same name. The only distinguishing factor may be the middle initial or date of birth. The Quality Improvement Division requests that providers place the Medicaid identifier on the Bright Futures forms whenever possible to ensure timely processing of forms.

The Quality Improvement Division would like to thank all the providers who submit complete forms to the Bureau. The completed forms mean that follow up and timely review can be conducted by the nurse reviewers.

If you have any questions or need assistance in the completion of the Bright Futures forms please contact the Quality Improvement Division at (207)-287-4827.

Chronic Pain Management Narcotic Restriction Program

Goals and Objectives of the Program

- **To improve pain management for beneficiaries with chronic diseases**
- **To identify beneficiaries who are at risk for overdose due to elevated use of narcotics**
- **To recognize cost savings within the Maine Medicaid Program associated with decreased narcotic over utilization**

The PDDI program abstracts data from Maine Medicaid pharmacy claims, Medicaid eligibility records and provider data. The report lists patients for whom the provider has prescribed narcotics, and who have met the following criteria:

- Had two or more different schedule III (narcotic) prescriptions within the last three months
- Had prescriptions filled at two or more different pharmacies
- Had prescriptions for narcotics from two or more different providers
- Had prescriptions for schedule III (narcotic) drugs without a diagnosis that would indicate the need for these drugs

The Quality Improvement division developed a referral form for Maine Medicaid Providers. This form accompanies the PDDI report and allows Maine Medicaid providers to refer Medicaid beneficiaries who have drug-seeking behaviors, or who are at risk for overdose due to multiple prescriptions from various providers. The referral form may be faxed or mailed to the Quality Improvement staff.

The beneficiary is given a choice of signing up for one of the drug management programs.

- The Pain Medicine Management Program, which includes the selection of one physician or physician office who would prescribe narcotic pain medication for the individual beneficiary
- The Full Restriction Program, which includes the selection of one physician, pharmacy and hospital for all pain, pharmaceuticals, and medical needs.

Physicians have expressed concerns with the usage patterns of several hundred Medicaid beneficiaries to date. The Quality Improvement Division has received a total of forty-two referrals from providers since the initiation of the program in September 2000. The Quality Improvement Division sent letters to forty-one Maine Medicaid beneficiaries, informing them of the nomination into the program. Beneficiaries were asked to select a voluntary pain management program and provider, and return the document to the Quality Improvement Division.

At this time, nine beneficiaries have enrolled in the pain medicine management program. Thirty-two clients have not responded to the requests for enrollment. The Quality Improvement division staff is currently reviewing these beneficiaries' narcotic usage patterns and medical records to evaluate this medical necessity for medication and potential treatment interventions.

2001 Primary Care Symposium

The 2001 Maine Medicaid Primary Care Symposium will be held at Togus on May 4th. This day-long Symposium is designed as an interactive forum to strengthen the roles of individual practices and the Medicaid program in meeting the challenges together. Participants will learn about:

- findings from national research on practice characteristics and approaches that reduce inapproapriate use of the emergency room by Medicaid beneficiaries.
- what beneficiaries are saying when asked about their health care experiences.
- how primary care physicians can get enhanced payment for smoking cessation counselling and other preventive services.
- priorities within the Medicaid program and their relevance to the Primary Care Physician Incentive Program (PC-PIP) .
- the issues and strategies of other physicians and their clinical staff when serving Medicaid beneficiaries.

Please see the Agenda and registration on the back of this newsletter. You should receive a separate invitation in the mail. If you haven't received yours, call, email or photocopy the back page and fax it back to us. Thanks.

Among The Symposium Speakers

Christina Bethell, PhD is the Senior Vice President, Research and Policy at FACCT – The Foundation for Accountability. Dr. Bethell is responsible for the development of quality performance measures and consumer research and is director of the Children and Adolescent Health Measurement Initiative. Dr. Bethell is a former senior policy analyst wit the VHA in Washington, DC, senior research associate with Chicago's Rush Primary Care Institute and health policy analyst with both the American Association of Retired Persons and California's Health Access Foundation. In each of these roles, her primary focus has been on shaping a health care system that is organized, financed and evaluated in ways that meet the health needs of the public.

James Gill, MD is a full-time faculty member of the Department of Family and Community Medicine and director of Health Services Research and Associate Director of the Family Practice Residency Program. He is also clinical assistant professor of Family Medicine at Thomas Jefferson University School of Medicine and adjunct professor at the University of Delaware School of Nursing. Dr. Gill also conducts and directs research in health policy, health care utilization and quality of care. He has published his research findings in national medical journals and has presented at national and international meetings. Dr. Gill is also involved in efforts to improve quality of care at the practice level, specifically by leading a project to implement computerized medical records in physicians' offices in Delaware.

Agenda for the Maine Medicaid Symposium—May 4, 2001

7:45AM REGISTRATION Continental breakfast provided.

8:30AM WELCOME
Kevin Concannon, Commissioner, DHS
Eugene Gessow, Director, Bureau of Medical Services

9:00AM OBJECTIVES OF MAINE PRIMECARE
Tim Clifford, MD, Medical Director, Bureau of Medical Services

9:15AM SMOKING CESSATION
Susan Swartz, MD, MPH, Maine Medical Center
Tim Clifford, MD, Medical Director, Bureau of Medical Services
This session will review findings from pilot studies to help providers integrate smoking cessation advice and assistance into busy practices. Documenting and billing for those services will also be discussed.

EPSDT/BRIGHT FUTURES

10:00AM FINDINGS FROM BENEFICIARY SURVEYS
Christina Bethell, Vice President, Research & Policy
The Foundation for Accountability (FACCT)
Maine Medicaid routinely surveys beneficiaries and their families to assess how the program can be improved to better meet their needs. This session will review the findings of two recent surveys.

10:30AM USE OF BRIGHT FUTURES FORMS
Brenda McCormick, Manager, Maine PrimeCare & EPSDT Programs
This session will briefly review the forms that providers are required to complete to document the provision of childhood immunization and prevention services. Special consideration will be given to issues of confidentiality.

10:45AM BREAK

11:00AM PREVENTIVE DENTAL HEALTH
Stephen Mills, DDS
This session will describe the vital role that a primary care physician can play in the provision of routine dental screening and preventive services for children.

11:30AM LESSONS FROM THE FIELD
Sydney Sewall, MD; John Salvato, MD ;
Chris Stenberg, MB, ChB; Jim Rachzak. MD
Primary care physicians will describe the issues and strategies within their practices relating to the provision of preventive services to Medicaid children. Interactive discussion with the audience will be encouraged.

12:30PM LUNCH OVER PC-PIP QUARTERLY REPORTS
(Lunch will be provided)
Tim Clifford, MD, Medical Director, Bureau of Medical Services
During this lunch session, Tim Clifford will review efforts to provide quarterly feedback to primary care physicians regarding their performance under Maine Medicaid.

EMERGENCY ROOM USE

1:30PM WHAT THE RESEARCH TELLS US
James Gill, MD, MPH, Director of Health Services Research;
Associate Director, Residency Program, Department of
Family & Community Medicine, Christiana Care Health
James Gill will discuss research findings on factors influencing the use of the emergency room by Medicaid beneficiaries. Emphasis will be given to the characteristics of physician practices that help promote appropriate ER use.

2:30PM LESSONS FROM THE FIELD
Burtt Richardson, MD; Barbara Crowley, MD;
Erik Steele, DO; John Gaddis, DO
A panel discussion will open an interactive exchange with the audience on the issues and strategies for promoting appropriate use of the emergency room and how the State can assist in those efforts.

3:30PM OPEN ISSUES FORUM
Tim Clifford, MD, facilitator
This portion of the agenda is an opportunity for participants to raise questions and discuss their experiences under Maine's Medicaid program.

MAINE MEDICAID PRIMARY CARE SYMPOSIUM REGISTRATION

Friday, May 4, 2001 from 8am to 4pm at the Togus V. A. Hospital Auditorium in Augusta

Six CME Credits – applications pending. Six CEU Credits – applications pending.

NAME

OFFICE / PRACTICE NUMBER OF ATTENDEES

MAILING ADDRESS

PHONE E-MAIL

FOUR DIFFERENT WAYS TO REGISTER

- ❑ Mail: Registrations, Maine Medicaid Primary Care Symposium 68 High Street, Portland, Maine 04011
- ❑ Fax: (207) 780-5963 (fax us a copy of this completed form)
- ❑ Call: (207) 780-5960
- ❑ Email: *Conferences@usm.maine.edu* (include all above information)

Please call (207) 780-5960 if you need special services, assistance or accommodations to participate fully in this program.